



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0228-01
Social Security #: _____
Treating Provider: Barry Cromer, M.D.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 11/15/05, 1 page.
- Receipt of Request dated 11/15/05, 1 page.
- Medical Dispute Resolution Request/Response dated 10/14/05, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 2 pages.
- Initial Case Review dated 9/7/05, 1 page.
- Pre-Authorization Intake Form dated 8/29/05, 1 page.
- Fax Confirmation dated 8/29/05, 1 page.
- Case received confirmation dated 8/29/05, 1 page.
- Clinic Note dated 11/1/05, 10/20/05, 10/4/05, 9/22/05, 9/8/05, 9/6/05, 8/29/05, 8/22/05, 8/15/05, 8/8/05, 8/1/05, 7/18/05, 7/12/05, 6/13/05, 6/8/05, 6/6/05, 6/3/05, 5/9/05, 4/11/05, 3/22/05, 3/8/05, 2/24/05, 2/17/05, 2/3/05, 1/27/05, 27 pages.
- Therapy Report dated 8/26/05, 6/8/05, 15 pages.
- Legal Letter dated 11/10/05, 1 page.
- Letter from Arkansas Claims Management, Inc. dated 11/22/05, 1 page.
- Independent Review Organization Summary dated 11/17/05, 2 pages.
- Employer's First Report of Injury or Illness dated 11/20/04, 1 page.
- Texas Workers' Compensation Work Status Report dated 10/20/05, 9/22/05, 9/8/05, 9/6/05, 8/29/05, 8/22/05, 8/18/05, 8/8/05, 8/1/05, 7/18/05, 7/12/05, 6/14/05, 6/6/05, 5/9/05, 4/11/05, 3/22/05, 3/8/05, 2/24/05, 2/3/05, (date unspecified), 19 pages.
- Left Knee MRI dated 2/10/05, 2 pages.
- Procedure Report dated 3/30/05, 5 pages.
- Anesthesia Record dated 3/30/05, 1 page.
- Evaluation dated 9/8/05, 9/6/05, 3 pages.
- Lower Extremity Evaluation dated 4/12/05, 2 pages.
- Therapy Re-evaluation dated 5/11/05, 2 pages.
- Therapy Progress Note dated 8/25/05, 8/16/05, 8/4/05, 6/16/05, 6/14/05, 6/9/05, 6/7/05, 5/31/05, 5/27/05, 5/24/05, 5/19/05, 5/13/05, 13 pages.

CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied work conditioning, five times a week for four weeks.

Determination: REVERSED - previously denied work conditioning, five times a week for four weeks.

Rationale:

Patient's age: 37 years

Gender: Male

Date of Injury:

Mechanism of Injury: Combining pallets, had left foot in hole of pallet, turned to put product on another pallet and his foot became stuck, twisting his left knee/ankle.

Diagnoses: Status post left knee arthroscopic partial medial meniscectomy on 03/30/05, arthroscopic plica resection of the labral, anterolateral and suprapatellar compartments.

The claimant underwent a left knee arthroscopy on 03/30/05, by Dr. Cromer, consisting of arthroscopic partial medial meniscectomy, arthroscopic plica resection of the lateral, anterolateral and suprapatellar compartments. Findings consisted of a complex full thickness meniscus tear; chondral grade II lesion of the medial femoral condyle and acutely injured, inflamed and torn lateral plica and lateral patellofemoral plica. The claimant completed eleven postoperative physical therapy visits from 05/11/05 to 06/16/05.

On 06/06/05, Dr. Cromer noted a slight effusion and continued tenderness along the medial side of the knee with some difficulty fully squatting. A Functional Capacity Evaluation (FCE) was done on 06/08/05, which demonstrated decreased lifting/carrying capacity; decreased pushing/pulling capacity; decreased repetitive lifting capacity and decreased kneeling and squatting capacity. The claimant did not demonstrate the ability to return to full work duty, and a work conditioning program was recommended. The patient's job description was taken from the FCE report, but this appeared to be a patient statement of his job functions. This job description indicated that he lifted between 50-100 pounds and involved pushing/pulling pallets weighing approximately 200-300 pounds, between 20-50 feet. He was also required to climb ladders, work on slippery surfaces, balance, bend, kneel and squat.

Dr. Cromer's follow-up notes continued to document slight effusion, tenderness of the medial aspect of the knee and the inability to fully squat without discomfort. He recommended a work conditioning program which was denied by the insurance carrier. On 07/18/05, Dr. Cromer released the claimant to light duty and he returned to work for approximately a week. On 08/01/05, Dr. Cromer documented an acute exacerbation, when his knee swelled up and became more and more painful. This visit documented right knee swelling and effusion and severe pain and inability to bend and squat. The impression was acute exacerbation of knee pain; internal derangement of the knee. The physician took the claimant off work and ordered physical therapy and a Medrol Dosepak. It should be noted that this visit documented right knee symptoms, but based on subsequent visits, it will be assumed that this was a dictation error and the claimant actually continued to treat for the left knee.

CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612

TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995

E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

The claimant underwent three visits of physical therapy on 08/04/05, 08/16/05, 08/25/05 and demonstrated good knowledge and correct technique with a home exercise program. On subsequent visits with Dr. Cromer, the claimant continued to have effusion, diffuse tenderness and the inability to squat. A repeat FCE was done on 08/26/05, with similar findings as previously documented. It was felt that the claimant did not demonstrate the ability to return to full work duty. Dr. Cromer continued to recommend a four to six week work conditioning program, which was denied on peer review. At the 10/04/05 visit, Dr. Cromer documented continued effusion, some diffuse pain and tenderness and the inability to squat and bear weight. On 10/20/05, Dr. Cromer noted bilateral knee internal derangement with slight effusion bilaterally. The 11/01/05 visit was also for bilateral knee internal derangement. At that visit, Dr. Cromer noted that work hardening had been approved and had actually started. The claimant had moderate effusion, particularly on the right knee and was diffusely tender. The diagnosis was internal derangement of the bilateral knees, chondromalacia patella and tear of the medial meniscus. The claimant was employed in the produce department at [REDACTED]. A formal job description was not provided and job information was obtained from the FCE report, which appeared to be a patient description of his job. Job requirements included static standing 15-20 minutes lifting food carts, dynamic standing approximately 6 hours lifting, pushing and pulling. He performed lifting between 50-100 pounds floor to knuckle; overhead lifting 25-30 pounds; carrying 50-100 pounds and pushing/pulling pallets weighing approximately 200-300pounds. His job also involved climbing ladders, working on slippery surfaces, balancing, bending, kneeling and squatting.

This reviewer would recommend approval of the proposed work conditioning program as being medically necessary. The patient has had two functional capacity evaluations, the first indicated good effort and that the patient was able to return to work full duty. He attempted to return to work, light duty apparently, but was unable to complete his work activities because of persistent swelling and symptomatology in his knee. He had a second Functional Capacity Evaluation which showed good effort, but an inability to perform the essential functions of his regular job activities and he could not tolerate the demands of the job. The patient had apparently been compliant with all of the expectations of the physical therapist and his job activity and was still unable to perform the essential functions of his job. Since there was a job for him to return to, this reviewer would recommend that the work conditioning program would be appropriate to gradually transition this patient into his ability to perform regular work activities.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

ACOEM Guidelines, 2nd Edition, Chapter 1, page 11.

Physician Reviewers Specialty: Orthopedics

Physician Reviewers Qualifications: Texas licensed MD, and is also currently on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426